



Victorian Burns  
Prevention Partnership

A partnership of:



# Stay Safe

Burns Prevention Newsletter

2010 | Issue 1

## Welcome

Welcome to this edition of *Stay Safe*. The Victorian Burns Prevention Partnership (VBPP) is greatly encouraged by the positive response to our first newsletter and hopes articles from this current edition will further provide parents and carers of young children with information to keep children safe—especially from avoidable burn injuries. The physical and psychological effects of burn injuries can be devastating, with long term consequences.

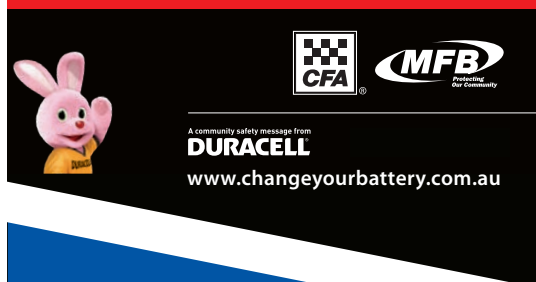
The four services who publish *Stay Safe*—MFB, The Alfred Hospital, CFA and The Royal Children's Hospital—are actively working towards a safer Victoria; however, we can't do it alone, we need your help.

Please take time to read the practical articles in this edition, and feel free to distribute the newsletter among your family and friends. Together we can create a safer community.



**Only working smoke  
alarms save lives...**

Change your clock, change your smoke  
alarm battery on Sunday April 4th.



## Could you save someone's life?



Accidents involving children can occur as families go about everyday activities.

- Would you know what to do if you discovered an infant face down in a pool of water?
- Could you confidently assist a choking child or would you know how to adequately manage a child with burns from cups of tea or coffee, boiling water or flame burns?
- Are you confident you would know what to do for your child when faced with a life threatening emergency?

Unfortunately too many parents are not able to help their child when faced with an emergency. They are sometimes frightened they may do the wrong thing, are paralysed with shock, or don't know the simplest techniques that may save the child's life.

Most parents go to extraordinary lengths to ensure their babies are given the best possible start in life. Long hours are spent choosing colours for the nursery, reading child behaviour books and preparing every detail for the birth. However, an alarming number of parents fail to spend those critical moments learning how to revive or save the life of their precious new addition.

First aid is an essential skill for the entire family to learn, yet when The Royal Children's Hospital Safety Centre interviewed parents to discover why they had not learned first aid, several underlying themes emerged.

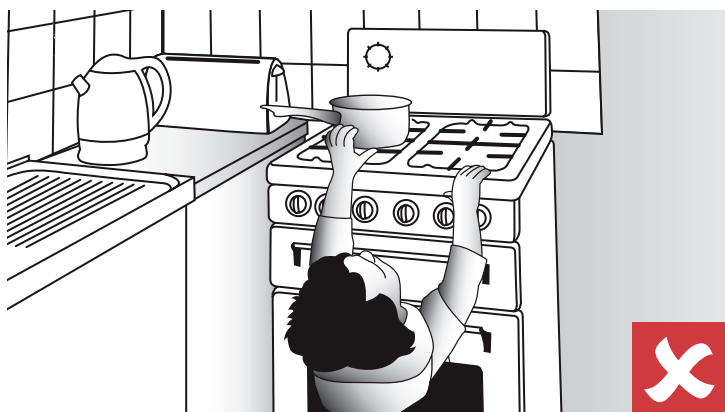
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# Kitchen safety

The kitchen is a common site for many children's injuries. Paying attention to a number of areas in the kitchen can help prevent injuries.



## Kitchen design and organisation

- Consider a safety gate at the entrance to the kitchen to prevent access when cooking.
- Make sure corners at a child's height are rounded or padded.
- Use child resistant locks on cupboards, especially those containing detergents and dishwasher tablets, powder or liquid.
- Position all electrical outlets close to the bench surfaces where the appliances will be used.
- Never put poisons in food or drink containers. Poisons should be kept in their original containers and clearly labelled.
- Make sure that drawers or cupboards with knives, scissors, matches and lighters have child resistant locks fitted.
- Design the stove and sink to be close to each other—this minimises carrying of hot food and possible scalds. Have benches on either side of the stove to avoid the need to carry hot food and liquids.
- Items that are used frequently should be stored within easy reach and at a convenient height, preferably between shoulder and hip height.
- Ensure that floors have a non-slip surface.
- Wipe up spills immediately.
- Avoid changes in floor level.
- Keep children's toys out of the kitchen—they are easy to trip over.

## Electrical safety

- Switch off and unplug appliances after use.
- Replace any damaged plugs or frayed electrical cords.
- Avoid extension cords and double adaptors—a safety power board is better.
- Fit plastic power point protectors to electrical outlets when not in use.
- Keep appliances away from the sink area and do not use appliances or power points with wet hands.
- Ask an electrician to install safety switches. These can cut off power quickly to avoid accidental electrocution.

## Microwave safety

- Make sure the microwave is out of the reach of children.
- Food and liquid heated in the microwave can reach scalding temperatures very quickly. The heat is often uneven so it is important to shake or stir the contents before serving.
- Always check the temperature of food or liquid before serving.
- Avoid glass bottles and containers as they may crack or even explode when heated in the microwave.
- Warm up a baby's bottle without the teat or cap. If the bottle feels warm to touch, then the contents are probably too hot for baby.
- Test the temperature of the milk by pouring a few drops on the inside of the wrist; it should feel just warm on the skin.
- When food is heated or cooked in a covered container, steam that can scald is trapped inside. Remove the lid or plastic covering from the far side of the container so steam rises away from you.

## Preventing burns and scalds

Avoid hanging cords on electric kettles and other appliances; use short or curly cords or a cordless jug.

**Hotplates:** Use the back burners whenever possible.

**Pots and saucepans:** Turn handles away from the edge of the stove.

**Stove:** Use a stove guard to protect young children from scalds.



**Hot drinks:** Keep them away from children and never have a child on your lap while you have a hot drink.

**Table:** Put all hot liquids and food in the centre of the table and away from the edges.

**Tablecloths:** Children can pull the edge of the tablecloth and pull hot fluids over themselves. Use non-slip place mats instead.

**Playpen:** When busy in the kitchen, use a playpen or safety gate to avoid the child getting underfoot.

**Hot water:** Turn down the temperature of the hot water to 50 degrees to avoid scalding.

# Juvenile Fire Awareness and Intervention Program

## “Helping families solve the problem of child fire lighting”

Russell is a 9 year old boy who likes football, cricket and basketball. He lives at home with his mum and an older sister who smokes. He loves all animals and has a pet dog called Charlie. Russell has learning difficulties and over the last few months has been caught by his mum lighting small fires in and around the home.

Katie’s mother is worried about her 5 year old daughter’s fascination with fire. Katie is always poking things in the fireplace, wanting to have scented candles in her room and was just recently caught burning pieces of paper in her cubby.

Meanwhile 15 year old Lachlan set fire to grassland behind a vacant home causing substantial property damage. He has a history of aggressive behaviour, diagnosed Attention Deficit Hypoactive Disorder (ADHD) and has been lighting fires on a regular basis over the past 12 months.

The above information is fictitious, but “Russell”, “Katie” and “Lachlan” are representative of any of the 200+ young people per year who have been identified with a dangerous interest in fire and are visited by firefighters through the Juvenile Fire Awareness and Intervention Program (JFAIP).

JFAIP is a free and confidential program delivered in Victoria by the Metropolitan Fire Brigade (MFB) and Country Fire Authority (CFA). The aim of the program is to reduce the number of deaths, injuries, and property damage caused by a young person’s firelighting.

JFAIP is a flexible program with content and delivery tailored to the age and maturity of the young person. The JFAIP firefighter visits the young person (aged 5–17 years) at their home over a number of weeks developing rapport and a working relationship with the young person and their parents/carers. Confidentiality and trust are crucial to the program and the young person is free of any recrimination for past deeds in the process.

In partnership, the JFAIP firefighter, the young person and the family develop an awareness of fire safety issues in and around the home and actively work towards a safe home/community environment.

The emphasis of the program is on fire safety education geared towards the young person’s frequency and severity of fires, developmental and cognitive ability. The program provides



positive reinforcement of “good” fire behaviour for example: abstaining from fireplay and firelighting; not touching matches or lighters when they find them; developing a fire plan in case of an emergency in the household; and discouragement of “bad” behaviour such as playing with matches and lighters and lighting fires.

The very young may start a fire accidentally in and around the home; they rarely intend to cause damage with fire. Older adolescents may be motivated by peers, boredom, and anger at society or recent stresses in their lives. They tend to light fires away from the home and are more likely to experiment with explosives and aerosols.

**For advice or assistance regarding a young person’s firelighting or this program please contact:**

- JFAIP Co-ordinator (Vic.)  
Tel: 1300 309 988
- Or your State’s Local Fire Service



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***A serious injury will never happen to my child because I am careful.***  
Even the most careful parent cannot supervise their child every minute of every day. Whilst we can make our environment safer for children, injuries can still occur.

***First aid is difficult to learn.***

Simple first aid techniques can be taught to anyone—even children in primary schools enjoy classes. First aid instructors design classes specifically for their clients’ needs.

***I am frightened I might do the wrong thing.***

Never be frightened to “have a go”. A child who has stopped breathing will surely die unless someone intervenes. It is not

likely you could make the situation worse. You might just save the child’s life, even if your method is not technically perfect.

***It takes too long to do a first aid course.***

To learn basic paediatric resuscitation takes just two hours, but of course there are more comprehensive courses available.

The six hour paediatric emergency care courses have proved most popular—people form their own small group and courses are held at the group’s chosen venue. All you need is a group of 10 participants, a comfortable venue with room to work on the floor, and a selection of suitable dates. Courses are also held at The Royal Children’s Hospital.

Further details: [www.rch.org.au/safetycentre](http://www.rch.org.au/safetycentre)



## Eliminating novelty lighters that look like toys and the dangers they create for children and their families

Although the child resistant mechanism required by the current mandatory standard for cigarette lighters has proven to be effective, the emergence of novelty lighters that look like toys poses an increased risk to children and families as it is difficult to distinguish them from real toys.

On December 30 2009, the Commonwealth followed Consumer Affairs Victoria's ban on novelty lighters that look like toys by introducing a Commonwealth ban on the import and sale of novelty lighters that resemble toys. Children do not have the ability to differentiate a toy from a fire tool designed to look like a toy.

These products, mostly made in China, are made in the shape of toy animals, handbags, mobile phones, small guns and hand grenades. They come complete with cute noises and sparkling lights. Warning messages may be displayed on the lighter, however most children under 5 are unable to read and understand these warnings.

Cigarette lighters are not toys and therefore it is dangerous to portray them as such. There are no valid reasons why lighters should be manufactured to look like toys as novelty cigarette lighters may encourage children to play with fire. If you have purchased novelty lighters in the past, please dispose of them. Let's protect our children and our community from the dangers created by these unsafe products.



## Toy guns can be dangerous

Make sure children understand the safe use instructions which are supplied with toys guns. Cap guns should only be used outdoors and always under supervision of an adult. Children should be told never to fire a toy gun near the face, eyes or ears of other people or animals.

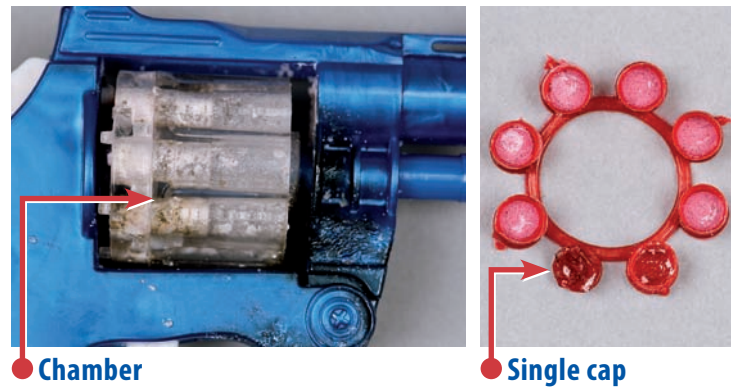
### Cap guns and caps

Cap guns are sometimes given as presents to young children. They can be purchased from supermarkets, toy or variety stores; and won or traded for tokens at game arcades.

Each year, the Burns Unit at The Royal Children's Hospital treats children who have been injured by toy cap guns.

These injuries usually occur when a child's hand is placed around the chamber of the gun, therefore, preventing the turning action. As a result, the cap explodes and the child's hand is burnt.

The injuries shown here were caused by the explosion of a single cap.



The force of the explosion of a single cap is evident above in damage to the toy gun's chamber.

Injury can also occur when the caps themselves rub against other objects or each other. They then explode as a result of friction.

This type of injury typically occurs when a child stores the caps in their trouser pocket. Injury occurs in the groin and genital area.

If you do choose to purchase a toy gun:

- Ensure the recipient of the toy gun is at least 7 years of age. Children under 7 do not have the dexterity to handle toy guns properly nor can they comprehend the danger.
- Look to purchase either metal toy guns or those with solid barrels.
- Be aware of where the cap gun will emit its blast so it can be avoided.

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